



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR LICENSURE AS A BEHAVIOR ANALYST

INSTRUCTIONS

- Please read this form before completing.
- This form must be typewritten or printed legibly in **BLACK INK**.
- The applicant must complete side 1 and 2 of the form. Omitted information will delay review of the application.
- Enclose the \$150 application fee made payable to the Behavior Analyst Advisory Board. Payment must be made in the form of a check or money order. Please do not send cash. **All fees are non-refundable. NOTE: If you hold a Provisional Behavior Analyst License DO NOT submit a fee with this application.**

Return to:
Behavior Analyst Advisory Board
PO Box 1335
Jefferson City MO 65102-1335
Telephone: (573) 526-5804
FAX: (573) 526-0661
E-mail address: ba@pr.mo.gov
Web: pr.mo.gov/ba.asp

FEE AMOUNT	DEPOSIT DATE	PRE-LICENSE NUMBER	LICENSE NUMBER
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SECTION I - APPLICANT INFORMATION

NAME (LAST, FIRST, MIDDLE, SUFFIX)				
MAIDEN NAME (IF APPLICABLE)			PREVIOUS LAST NAMES USED	
SOCIAL SECURITY NUMBER*	DATE OF BIRTH (MM/DD/YYYY)	TELEPHONE NUMBER (HOME)	TELEPHONE NUMBER (OFFICE)	CELL PHONE NUMBER
BUSINESS/WORK NAME AND ADDRESS				
HOME ADDRESS (STREET, CITY, STATE, ZIP) WILL BE PRINTED ON YOUR LICENSE AND CONSIDERED YOUR PUBLIC ADDRESS IF NO WORK ADDRESS				
E-MAIL ADDRESS (BUSINESS)			E-MAIL ADDRESS (PERSONAL)	
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST NAME OF CURRENT EMPLOYER BELOW			BACB CERTIFICATION NUMBER	
NAME OF CURRENT EMPLOYER			TELEPHONE NUMBER	
BUSINESS ADDRESS (STREET, CITY, STATE, ZIP)			DATES OF EMPLOYMENT FROM TO	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you completed the required 2 hours of suicide assessment, referral, treatment and management training?			

List all the states in which you now hold or have ever held a license/certificate to practice as a Behavior Analyst.

STATE	LICENSE/CERTIFICATE NUMBER	DATE OF ISSUANCE	CURRENT STATUS
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other
			<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other

SECTION II - NOTE: IF YOU ANSWER YES TO ANY OF THE QUESTIONS, PLEASE ATTACH A FULL EXPLANATION

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever held any professional license issued by this state, or any other state or country in a profession other than as a Behavior Analyst? If yes, indicate license number, profession and whether active or inactive status.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had an application for licensure or certification as a Behavior Analyst or any other profession denied or refused in this state, or any other state or country?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a professional license or certification issued to you disciplined, restricted or limited in any way by a professional licensing board of this state, or any other state? (including but not limited to as a Behavior Analyst)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been disciplined formally or informally for unethical behavior or unprofessional conduct while holding any professional license or certification?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been adjudged insane or incompetent by a state or federal court within the past five (5) years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted, adjudged guilty by a court, pleaded guilty or pleaded nolo contendere in any criminal prosecution whether or not sentence was imposed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been addicted to or dependent upon any illegal or prescription drugs or controlled substances, or an alcoholic beverage within the past five (5) years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been a defendant in a civil suit (excluding divorce or child custody)?

***See enclosed Social Security Number Disclosure Notice. This form must be completed and returned with this application.**

SECTION III - EDUCATIONAL DATA

Graduate University Attended: Please list all schools attended.

UNIVERSITY/COLLEGE	CITY AND STATE	FROM		TO		DEGREE	CONFERRED	
		MONTH	YEAR	MONTH	YEAR		MONTH	YEAR

SECTION IV - AFFIDAVIT OF APPLICANT

I submit for consideration the above proofs as required by the Missouri laws governing the practice of behavior analysis and subject to the rules and regulations of the Behavior Analyst Advisory Board. Being duly sworn, I state that I am the person whose photograph is attached, and who is referred to in the foregoing application for licensure as a behavior analyst in the state of Missouri, and that all foregoing statements and enclosures are true in every respect. The Behavior Analyst Advisory Board may require further evidence that it deems reasonable and proper from the sources above.

Pursuant to Section 324.010 RSMo:

☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

False statements are subject to criminal penalties and/or license discipline.

**If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200
or e-mail income@dor.mo.gov.**

Have you or any immediate family member ever served in the U.S. Armed Forces? ☐ Yes ☐ No
If yes, would you like information about military-related services in Missouri? ☐ Yes ☐ No

TAPE PASSPORT
Photograph Here

To be acceptable, the
photograph must be 2 x 2
inches in size, recent and
show a clear picture of
your face

**MUST BE SIGNED IN THE
PRESENCE OF NOTARY**

APPLICANT'S SIGNATURE

NOTARY PUBLIC EMBOSSEY OR
BLACK INK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)